

SEEKONK ANIMAL CONTROL

100 Peck Street Seekonk, MA 02771 (508) 336-6663

DOG LICENSE FORM

MASS GENERAL LAW REQUIRES ALL DOGS BE LICENSED ANNUALLY, WITH PROOF OF CURRENT RABIES VACCINATIONS. FAILURE TO COMPLY MAY RESULT IN A BY-LAW CITATION FINE.

TAGS EXPIRE ANNUALLY ON MARCH 31st

\$20.00 LATE FEE PER DOG IS IMPOSED ON LICENSE RENEWALS AFTER MAY 31st

ALLOW 4-6 WEEKS FOR YOUR DOG'S TAGS TO BE ISSUED AND MAILED BACK TO YOU

License Fees:

Spay/Neutered	\$10.00
Not Spay/Not Neutered	\$20.00
Seekonk senior residents over 70 yrs. of age	No fee
Please note: Dog(s) must still be licensed	

The following items are required to process your dog's license:

Copy of each dog's **Current Rabies Certificate** that was issued by your veterinarian. Please verify all information on your dog's rabies certificate before sending it by completing the application below.

Check or money order made payable to **Town of Seekonk**.

Mail to: Seekonk Town Hall, Town Clerk's Office, 100 Peck Street, Seekonk, MA 02771

If applying by mail, you must include a self-addressed, STAMPED business envelope.

Your new dog tag(s), and rabies certificate(s) will be returned to you in this envelope. If any of the required items are not enclosed, everything will be returned unprocessed.

1st Dog's Information		
Owner's Name:		
Street Address:		
Home Phone No:	Second Phone No:	
Veterinary Name & Phone No:	Microchip No:	
Dog's Name:	Breed: (if mixed please tell us both breeds if possible)	
Color/Markings:	Birthday/Age:	
() Spayed Female \$10 () Senior \$0	() Neutered Male \$10 () Senior \$0	
() Un-spayed Female \$20 () Senior \$0	() Un-neutered Male \$20 () Senior \$0	
() I hereby attest that I am 70 yrs. of age or older and I am the owner of Dog(s) I am licensing.		
No longer have this dog: () Date Deceased: () Moved To:		

2 nd Dog's Information		
Owner's Name:	2 0 g × 2	
Street Address:		
Home Phone No:	Second Phone No:	
Veterinary Name & Phone No:	Microchip No:	
Dog's Name:	Breed: (if mixed please tell us both breeds if possible)	
Color/Markings:	Birthday/Age:	
() Spayed Female \$10 () Senior \$0 () Un-spayed Female \$20 () Senior \$0	() Neutered Male \$10 () Senior \$0 () Un-neutered Male \$20 () Senior \$0	
() I hereby attest that I am 70 yrs. of age or older and I am the owner of Dog(s) I am licensing.		
No longer have dog: () Date Deceased: () Moved To:		
3 rd Dog's Information:		
Owner's Name:		
Street Address:		
Home Phone No:	Phone No:	
Veterinary Name & Phone No:	Microchip No:	
Dog's Name:	Breed: (if mixed please tell us both breeds if possible)	
Color/Markings:	Birthday/Age:	
() Spayed Female \$10 () Senior \$0 () Un-spayed Female \$20 () Senior \$0	() Neutered Male \$10 () Senior \$0 () Un-neutered Male \$20 () Senior \$0	
() I hereby attest that I am 70 yrs. of age or older and I am the owner of Dog(s) I am licensing.		
No longer have dog: () Date Deceased:	() Moved To:	

Before mailing, please check to see if you:

- ✓ Enclosed a check payable to the: **TOWN OF SEEKONK**
- ✓ Enclosed a **SELF-ADDRESSED STAMPED ENVELOPE** for your dog tag(s)
 - ✓ Enclosed a copy of **CURRENT RABIES CERTIFICATE** for each dog